CITY OF ATLANTA Department of Parks, Recreation and Cultural Affairs



VOLUNTEER APPLICATION FORM

Personal Data	
Name: Phor	ne:
Address: Cit	y:State/Zip:
Personal Data (OPTIONAL) Education	
MF Date of Birth//_	Education:High SchoolCollege
Race:AsianAfrican-American Caucasian	Graduate Other
HispanicOther	Degree(s) / Major(s)
Personal Data	
Name: Phone:	
Address: Cit	y: State/Zip:
Phone: Best time to call:	
Have you previously volunteered through the Dept. for Parks, Recreation and Cultural Affairs?YesNo	
How did you hear about the volunteer opportunities with this department?	
Availability	
Sat Sun Mon Tue Wed Thu Fri Would you prefer:	
Morn	Short-term assignment Long-term assignment
Even	Special Events assignment
GROUP PREFERENCE	
Please indicate the population with which you would like to work.	
l 	niors Physically Challenged
	ually Impaired Mentoring aring Impaired
FOCUS AREA Please indicate one or more areas in which you would like to work.	
After School/Tutorial Coachin	Exercise/Aerobics
	ter (office) Marketing/Public Relations
	ter (children) Mentoring l./Camping
PERFERRED PLACEMENT REQUEST	
Recreation Center	